V. S. No. 1.

3

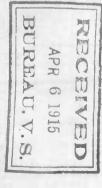
M	1 PLACE OF DEATH	STATE OF MARYLAND
county Worcester Co		CERTIFICATE OF DEATH
G		Registration Dist. No. 357
٧	illage or City Snow Hell (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME Millionis	Oborgo of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE MARRIED, WISCHES ORDINARE (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Whole (Month) (Day) (Year)		March 17, 1915, to March 17, 1915. that I last saw him allve on March 17, 1915
7 A		and that death occurred on the date stated above, at
8 OCCUPATION (a) Trada, profession, or (particular kind of work. Tarmer		arebrie Hemorhage
(b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) yrs. mos. / ds.
9 SIRTHPLACE (State or country) Soul to be in Balto, rud.		(Secondary) (Duration) (Duration) (Duration) (Duration) (Duration)
	10 NAME OF RATHER MURRISON	(Signed) & & Wisehart , M. D.
NTS	11 SIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from WOLDER
PARENT	12 MAIDEN NAME OF MOTHER Unbuows	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death? Former or usual residence
16 Fi	led 3/18 1915 LEROY Swith REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Street Chapfor Man. 18, 19157 20 UNDERTAKER LU. T. TE am Siron Hell
	M more blanks are needed, address State Registrar, 6	E. Franklin St., Baito., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaitified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinologies of lungs, meninges, peritonacum, etc.. Carcinologies

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPEBAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genitai," "Senlle," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" mere symptoms or terminal conditions, such as "Asampie: Measics (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (merely symptomatic), "Atrophy," (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples:



stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD

PERMANENT stated EXACTLY.

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

CAUSE OF Important.

N. B.

of information should be carefully supplied. AGE should be significant in plain terms, so, that it may be properly classified. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH	4309 STATE OF MARYLAND
County Woulder	CERTIFICATE OF DEATH
1.	Registration Dist. No.
Village or City Bushing (No. 1)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME John Handy	Braifford of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Senate, Madriele, Willoweld or Diverge the word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended decessed from
6 DATE OF BIRTH Get 9 1844	7-12-, 1915 to 3-19, 1915,
(Month) (Day (Year)	that I last saw hammalive on 3-19-1,1914
7 AGE If LESS than	and that death occurred on the date stated above, atm,
7 yrs 1 day,hrs 1 day,hrs 0Rmin. ? (The CAUSE OF DEATH* was as follows:
BOCCUPATION V. Q.	P
(a) Trade, profession, or Hasmung	The mount
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Duration)mosds.
*BIRTHPLACE (State or country) Maryland	Secondary (Doration) yrs mos ds.
10 NAME OF FATHER VILLE OF BOARD	(Signed) Phas P. Leni, M. D.
of father (State or country) mary land	3-20-, 1915 (Address) Bestin MA
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of MOTHER Machel Bradfor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) W. L. L. Laserelly for el	Former or usual residence
(Address) / Bulin me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 30 11011	Enrells horsing man 22, 1915
Filed 7/2 , 191 J. W. Hacloway	20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address Stat. Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salcsman, But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-".Contributory." sepsis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of ete.), "Dropsy," "PUERPERAL septichae-"Exhaustiou,"



BINDING MARGIN RESERVED FOR

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD 0

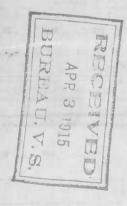
PLACE OF DEATH County Provided Village or City Provided (No. 2) 2FULL NAME M. Eli &	State of Maryland CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) Bratter Bratter State of Maryland [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While the word) 3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (North) (North) (North) (North) (North)	18 DATE OF DEATH Moch 14, 1911 (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from 1911, to 1911, to 1911, that I last saw h alive on March 14, 1911,
7 AGE 82 yrs 7 mos 6 ds OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory (Duration) yrs. mos. ds.
10 NAME OF FATHER William Bratter 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Si
OF MOTHER (State or country) 14 THE ABOVE IS TRUETO THE BEST OF MY KNOWLEDGE (Informani) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ANDRESS BURINGAL
ORDINORGED ORDINORGED (Write the word) (Month) (Day (Year) (Year) (A) TAGE (Month) (Day (Year) (Year) (Year) (Year) (Year) (Year) (Year) (Year) (Year) (A) GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	that I last saw h alive on March /4, 191 that I last saw h alive on March /4, 191 and that death occurred on the date stated above, at A. The CAUSE OF DEATH* was as follows: (Duration) yrs. mos. (Signed) (Buration) yrs. mos. (Signed) (Address) (Buration) yrs. mos. *State the Disease Causing Death, or, in deaths from Vior. Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents) At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence. 19 Place of Buriay or Removal Date of Burial Place of Buriay or Removal Date of Burial Date of Buriay or Buri

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous lengaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

cer" uant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "lnanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coumere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustiou," For vio-



	NOI
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.
UNFADING IN	that it may be pi
ITE PLAINLY, WITH	Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be primportant. See instructions on back of certificate.
WR	Every Item CAUSE OF I

state Very

D .

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 31 Ilt death occurred in St.:....Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIEO. WIDOWED, (Month) (Dav (Year) ORDIVORGEO (Write the word) attended deceased from DATE OF BIRTH (Month) (Year) (Day 7 AGE It LESS than and that death occurred on the date stated above, at about 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment In which employed (or employer) Contributory.... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death _____ yrs. ____ mos. ___ ds. State _____ vrs. ___ mos. Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRA If more blanks are needed, address State Registrar, C E. Franklin St., Patto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman," The

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: oma, Sarcoma, etc., of...... (uame origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of may be stated under the head of "Couvulsions," "Debllity" ("Con-"Dropsy," The uature of the "Exhaustiou,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY3 1915 BURFAU, V.S.

	PLACE OF DEATH	STATE OF MARYL	AND
Ca	unty Charcester	CERTIFICATE OF I	DEATH
00	unty	Registration Dist, N	. 2.5.1
	1 1 1	Registration Dist, N	0,
Vit	tage or City Counteltown (No.	St; Ward)	[if death occurred in a hospifal or institution.
		1 1	give its NAME losfead
	FULL NAME Mary A bams	lell	of sfreef and number.]
	-roll name		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3 s	EX A COLOR OR RACE SINGLE, MARNED, MARNED	18 DATE OF DEATH Made	9 1015
,	temale Matter (MDOWED, ORDIVORCED ORDIVORCED (Write the word)	(Month) (I	Day (Year)
_		17 I HEREBY CERTIFY, That I atte	nded deceased from
° D	ATE OF BIRTH	about 1895 to Mr.	6 27, 191 5
	fully 10 , 1835 (Month) (Day (Year)	that I last saw h 12 alive on Mrs	27 1012
TA			4 ~ A
1	1 day has	and that death occurred on the date stated about	ve, atO/Im,
-	79 yrs. 8 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:	2
	CCUPATION	- surriloss of a	usself k
bs (a	Trade, profession, or Hause work,		
(b)	General nature of industry,		***************************************
wh	iness, or establishment in ich employed (or employer)	(Ouration) 20 yr	sds.
	RTHPLACE	Contributory	***************************************
(State or country) Man land		Secondary	
	10 NAME OF		'sds.
	FATHER James Birten	(Signed) Collins C. Torch	, M. D.
TS	11 BIRTHPLACE OF FATHER	Mcho O, 191 5 (Address) Bushop	ulle mos.
PARENTS	(State or country) Maryland	*State the Disease Causing Death, or, in a Causes, state (1) Means of Injury; and (2 Tal., Suicidal, or Homicidal.	leaths from VIOLENT
AR	12 MAIDEN NAME OF MOTHER OF MOTHER OF	TAL, SUICIDAL, OF HOMICIDAL.) Whether Acciden-
Ω.	Dallil Coffee	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST	ITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER	At place in the	
14 -	(State or country) Maryland	of death yrs mos ds. State y Where was disease contracted.	rs ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		If not af place of death?	9 + 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(toformant) Succession Constitute	Former or usual residence	
	(Address) Dishon M. D. R Doro 2	10	TE OF BURIAL
15	2	Old bellows by	74ch 31 1015~
Filed 131. 1815 Wh Haceaway 20 UNDERTAKER ADD			DRESS
111	REGISTRAR	P F Waters So	02 11.
1		rar, 6 E. Franklin St., Balto., Requesting V. S. No.	1 Soll
1		The state of the s	Diel.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an fication as Day taborer, Farm taborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mitt; (a) Satesman, return "Laborer," If the occupation has As examples "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of tungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: vatvular heart disease; Chronic interstitiat nephritis, oma, Sarcoma, etc., of......(name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Meastes "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 3 1915

BURBAU, V.S.

No.

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state

VIIIage or City Jun Polemula Celio, ,	Registration Dis	[If death occurred is a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
SEX COLOR OR RACE SURGLE, MARRIED, MIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH Musch 11(1)	16 DATE OF DEATH (Month) 17 march HEREBY CERTIFY, That I	(Day (Year) attended deceased from
(Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. OR min.? 8 OCCUPATION (a) Irade, profession, or particular kind of work	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory 10 ge	yrsds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER HELSIG PROCESS HUSING PROCESS	(Signed) *State the DISEASE CAUSING DEATH, OF, CAUSES, State (1) MEANS OF INJURY; AB TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALE.	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	At place in the of death yrs	
16 3/1 CEP 3/1	Surdwell	2/8 ,191#

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

County No or ceal

STATE OF MARYLAND

CERTIFICATE OF DEATH

19/11

ADDRESS

Po coulte

[Approved by U. S. Census and American Public Health Association.]

eausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," As examples The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubercutess of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic genital," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) tetanus) may be stated under the head of Measles "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," For vio-



S. No.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS PLAINLY, WITH WRITE CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[It death occurred in

ADDRESS

FULL NAME Levery D. C	a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOBOR RACE 6 SINGLE, MARRIED, WITDOWED, WITDOWED, WITCH 6 DATE OF BIRTH 7 AGE 1 (Morth) 1 (Day (Year) 7 AGE 1 (LESS than 1 day,hrs. 0 ormin.?	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Year) 18 Day (Year) 19 Day (Year) 10 Day (Year)
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OFFATHER	(Duration) yrs mos / J. ds. Contributory Exaustion Secondary (Duration) yrs mos ds (Signed) Salaged M. D. Marked, 1,191.5 (Address) Bullis and
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place In the ot death yrs, mos, ds, State yrs, mos, ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address) /3 Chu Min	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mitt; (a) Satesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a defiuite disease can be ascertained as the mus," "Qld Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvutar heart discase; Chronic interstitiat nephritis, injury, as fracture of skull, and consequences (e.g., by carbotic acid-probabty suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitie," etc. State cause for tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations ou statement of "Dropsy," "Puerperal septichae-"Exhaustion," Never report For vio-



RECORD

PERMANENT

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Wires Ter Paganghe als	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Neur Howark (No	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Midww on on the word)	18 DATE OF DEATH Maule 7, 198 (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from 12 My Muly 1915, to 9 mm June 7, 1915, that I last saw here alive on Mula 2, 1915
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at Grand Pm. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry.	Spryy
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Near New Carlo	(Ouration) / yrs mos ds. Contributory Secondary
10 NAME OF FATHER JANAIN JONES 11 BIRTHPLACE OF FATHER (State or country) Mrceo Ter Co 12 Maiden NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Morceste Co I was 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
(Informant) Della Mills her Sister	If not at place of death? Former or usual residence. 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 January Shan Helman REGISTRAR	20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Forcman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. of persous engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)For many occupations a single word or term on the applies to caeh and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons If the occupation has

Statement of cause of death—Name, first, the Misease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritongeum, etc., Carcin-

genital," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, cte., of..... (name origin; "Can LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report affection need not be stated unless important. scpsis, tctanus) may be stated under the head of injury, as fracture of skuli, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1 1915 BURBAU, V.S.

V. S. No. 1.

N.B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

VIIIage or City Lear Poeamoke Cut (Not

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

..St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Rose Cropp	give its NAME Instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Finale Calond Single, MARRIED, WIDOWED, WIDOWED, ORDIVORGEO (Write the word)	18 DATE OF DEATH Month (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from	
TAGE (Month) (Day (Year) (Year) TAGE (Month) (Day (Year) (Year) (A) (A) (A) (A) (A) (A) (A) (that I last saw here allive on the date attack above, at 7 30 m The CAUSE OF DEATH* was as follows:	
particular kind of work	(Ouration) yrs mos ds. Contributory Secondary	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 1 D NAME OF FATHER COT FATHER (State or country) 12 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	(Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal,	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the of death mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? Former or	
(Address). Premile RFD (Address). Premile RFD 15 Filed 24 ,195 Gelman Hilliam REGISTRAR If more blauks are needed, address State Revi	19 PLACE OF BURIAL OR SEMOVAL DATE OF BURIAL St. James . Whurch 3/2,7, 1915 20 UNDERTAKER LOOVINGTON New Church Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on aecount of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of oecupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle eerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and eonsequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," ete.), "Dropsy," "Exhaustion," Never report



	should TION 1
RECORD	HYSICIANS
A PERMANENT	e stated EXACTLY. Fed. Exact statement
AK-THIS IS	AGE should be properly classification
UNFADING IN	that it may be certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	Z.

County Concesser

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 352

St.;---Ward)

a hospital or institution, give Its NAME Instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	omale, While the word)	16 DATE OF DEATH Missel 29 1, 1915 (Month) (Day (Year)
D	ATE OF BIRTH May 500 1884	that I last saw here alive on March 29, 1910
7 A	GE (Year) One of the second o	and that death occurred on the date stated above, at A The CAUSE OF DEATH* was as follows:
(a pa	Trade, profession, or House wife ricular kind of work.	- Company
bus	General nature of Industry, siness, or establishment in ich employed (or employer)	Gontributory Butter Reserve or
RENTS	10 NAME OF FATHER JAS To Broadford 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 4	Secondary (Duration) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds
4 1	(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address)	Jaylowill church yard mich 30", 1915
EH	men 30. 1815 Jas W Mumpes	and Burbar & Bur Buli And

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mne, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for such, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. For viochildbirth or misearriage as "Puerreeal scotichaccte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," cte.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for maig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Dropsy," "Exhaustion,



PERMANENT RECORD

4

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

N. B.

Co	PLACE OF DEATH unty woresle	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.352
Vil	PULL NAME ROL MANNE	St.; Ward) [It death occurred in a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	married, widowed, or Divorced (Write the word)	16 DATE OF DEATH March 29, 1915 (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from
• D	Marsh 19, 915 (Month) (Day (Year)	that I last saw here allve on Procede 25, 1915.
(a pa (b) bus whi	yrs mos ds or min.? CCUPATION) Trade, protession, or riticular kind of work. General nature of industry, siness, or establishment in	and that death occurred on the date stated above, at #Am, The CAUSE OF DEATH* was as follows: Semplete Buth (Buratlon)yrsmosds.
9 B	(State or country) Peron Cly Trip	Contributory Secondary (Duration)yrsmosds.
ARENTS	10 NAME OF FATHER Thomas Blesil. 11 BIRTHPLACE OF FATHER (State or country) Jenkins neck rep 12 MAIDEN NAME OF OP' TO BE OF OP OF OR OTHER	(Signed) (Address) Recon Cly M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
14 7	of Mother Lelie may Brasson 13 BIRTHPLACE OF MOTHER (State or country) Lovices Cer THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Level Durling	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE. At place In the of death
15 Fil	(Address) Okean Cily might	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Vaylorville church yard Mense . 1911 20 UNDERTAKER ADDRESS

LW Burbage & Rev If more blanks are needed, address State Registrar, & E. Franklin St., Balto. Requesting V. S. No. 1.

REGISTRAR

Local

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more preelse specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, ctc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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RECORD A PERMANENT stated EXACTLY. AGE should be

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

County Worcesly com

of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. -Every item of information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o N.B.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 355

Village or City Ironshire (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
FULL NAME VARAN, O. 14	rnham
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex COLOR OR RACE Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word) DATE OF BIRTH July 3, 18 H2 Diouth) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from March 1915 that I last saw here alive on March 9 1915
7 AGE It LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 7 A m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos. 18 ds.
9 BIRTHPLACE (State or country) Physics Aland 10 NAME OF FATHER Orland Aldrich 11 BIRTHPLACE DA A	Contributory Secondary (Boration) yrs mos ds. (Signed) Lack place , N. B. Much 9, 1911 (Address) Berlin
(State or country) March Illand 12 MAIDEN NAME OF MOTHER Darch Aldrich 13 BIRTHPLACE OF MOTHER (State or country) Mode Island	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs mos ds.
(Interment) Burlin M. Carrhan (Address) Burlin M.	Where was disease contracted, It not at place of death? Former or usual residence Date of Burial
Flee Mchll 1915 Whalloway REGIST AR	Ahrde Island Musch 1915- 20 VAIDERTAKER & Elvans Bulen Med
11 more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mune, etc. "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman," engineer, (7)

Statement of cause of death—Name, first, the disease causing meant (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaoum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., mia," "Puerreral peritonitis," etc. State cause for childbirth or mlscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DUATUS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1915
BURGAU, V.S.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No if death occurred in St.: Ward) a hospital or institution, give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, 16 DATE OF GEATH 4 COLOR OR BACE WICOWEO (Day) OR OIVORCED (Month) That I attended deceased from 6 DATE OF BIRTH 18:23 (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, a 1 day, hrs. The CAUSE OF DEATH * was as follows: min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE econdary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIOEN NAME œ OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER State, ________ds. yrs. mos. (State or country) Where was disease contracted. THE BEST OF MY KNOWLEGGE UE TO If not at place of death? Former or usual residenca PLACE OF BURIAL OR REMOVAL OATE OF BURIAL (Address) 15 20 UNGERTAKER AODRESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housecian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write Nonc. or given up on account of the DISEASE CAUSING DEATH, the duties of the household only (not paid Housekeepers precise specification as Day luberer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crowry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Former or Plonter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, At home. Care should be Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichamia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shoek," "Uracinia," "Weakness," "Heart failure,": "Haemorrhage," "Inamition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, genital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," chopneumonia Example: Measles (disease causing death), 29 ds.; Brourent) affection need not be stated unless important. nephritis, etc. cough; Chronic valuular heurt disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of etc., when a definite disease can be ascertained as the (name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (secondary), 10 ds. The contributory (secondary or intercur-Never report mere

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MAY 4 1915
BUREAU, V.S.

1 PLACE OF DEATH

Village or City Paramaka City 2 FULL NAME Vivian Ha	CERTIFICATE OF DEATH Registration Dist. No. 350 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCEO (Write the word)	18 DATE OF OEATH Mar. 3, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH Lefst 30, 1914 (Month) (Day) (Year)	that I last saw h walive on have \$ 191.5,
7 AGE It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 7 May Caus	(Ouration) yrs mos ds. Contributory Secondary (Ouration) yrs mos ds.
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Address) Paramora City Ind (Address) Paramora City Ind (Filed 1915 - Filmum) Sulliman	Where was disease contracted, If not at place of death? Former or wsual residence 19 PLACE OF BURIAL OR REMOVAL ADORESS ADORESS
REGISTRAR If more blanks are needed address State Registrar.	16 W Saratora St. Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from should be (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deatus on Nomenclature of the American Medical Association.) head-homicide; Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valendar heart disease; Chronic interstital "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of... birth or miscarriage as etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Puenperal septicharmia, "Dropsy," "Exhaustion, State cause for which Never report mere (Recommendations

If this certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1 1915
BURLEAU, V.S.

RECORD PERMANENT INX of Information Item

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13 BIRTHPLACE

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OF MOTHER

(State or country)

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred toWard) a hospital or institution, give its NAME instead of street and number. 1 Luss PERSONAL AND STATISTICAL PARTICULAR MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) ORDIVORCEO (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

> At place in the of death yrs. mos. ... State _____ yrs, ____ mes, Where was disease contracted.

If nof at place of death?

Former or usoal residence.

REGISTRAR

19 PLACE OF BURIAL OR BEMOVAL

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

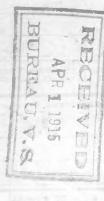
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The questlou of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotlon mill; (a) Salesman, "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstilial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligsepsis, telanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal seplichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report etc. The contributory (secondary or intercurrent) oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. by earbolic acid-probably suicide. The nature of the deal; Revolver wound of head-homicide; Poisoned Always qualify all diseases resulting from Meastes (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhanstlon," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

N. B.

RECORD

A PERMANENT

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Pocomoke (No. 2 FULL NAME Aryria Zee Joneo	A324 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 356 Mar/4et St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule 4 COLOR OR RACE 5 SINGLE, Married, Wildowso, ORDIVORCED (Write the word)	16 DATE OF DEATH March 26 ,1916 (Month) (Day (Year)
(Month) (Day (Year) (Month) (Day (Year) (Month) (Day (Year) (Year) (Month) (Day (Year) (Year) (A) If LESS than 1 day, hrs. OR min.? (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) (Month) (Day (Year) (Year) (A) Tage 5 2 (Month) (Day (Year) (Year) (A) General nature of Industry, business, or establishment in which employed (or employer)	that I last saw h alive on March 24, 1915. and that death occurred on the date stated above, at 7 m. The CAUSE OF DEATH* was as follows: The Cause of Death* was as follows: The Cause of Death* (Duration) I grs. 2 mos. ds.
9 BIRTHPLACE (State or country) Naryland 10 NAME OF Bonyamine I forces	Gentributory Starvation and general Secondary failure of intal force (Duration) yrs mos ds.
11 BIRTHPLACE Maryland C (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
13 BIRTHPLACE OF MOTHER WORLD J HOMOGER 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Harriet Jongo	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Poromoke Md	Goodsoll DATE OF BURIAL S/28,1915
Filed 127 1915 Johnson Jallinan REGISTRAR	Stevenson Pro Permedie

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asmia," "Puerperal perilonilis," etc. State cause for childbirth or misearriage as "Tuerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Con-Bronchopneumonia (secondary), 10 ds. Never report eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustlon,"



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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	N. B.—Every item of information should be carefully supplied. AGE should be stated should state CAUSE OF DEATH in plain terms, so that it may be properly clared to the state CAUSE of DEATH in plain terms, so that it may be properly clared to the state of the state
FOR	THIS IS	AGE at it may
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RESER	UNFADING	plain term
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V S No. L	}	Z. B.

Coun	1 PLACE OF DEATH Only Uncester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 350
Villa	ge or City To comple (No. 2 FULL NAME Daniel Ja	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale Color or race Single, MARRIED, WIDOWED or DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH March (Month) (Day) (Year
6 DA	TE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from 28 h., 1915, to the state of the st
7 AG	1 day,hr	and that death occurred on the date stated above, at 114.
(a	yrs. mos. ds. OR min. CCUPATION 1) Trade, profession, or ricular kind of work	- Tromi Branchetes
wh	Siness, or establishment in hich employed (or employer)	Contributory Franchial atthma
	10 NAME OF FATHER Amel Landons.	Secondary (Signed) (Signed) (Signed)
OF FATHER (State or country) Connerse C 9ma 12 Maiden Name OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country) Sunffice Simeral &	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of deathyrsmosds. State,yrsmos
	(Informant) John West and	where was disease contracted, if not at piace of death? Former or usual residence
	(Address) Pocomo Kelity May.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3/15 191
15	7/-	20 UNDERTAKER ADDRESS

- 80% · 115 · ·

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Cure should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," -"Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grovery; (a) Fareman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Labarer of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary foreman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drawning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," "Anaemia" chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. eough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Coma," ma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. Never report mere The contributory (secondary or intercur-State cause for which carbolic acid-probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APRI 1915 BURBAU, V.S.

S. No. 1.

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very county leorards UNFADING INK-THIS IS A PERMANENT RECORD stated EXACTLY. of information should be carefully supplied. AGE should be significant to be simple of properly classified. See instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF Important. 1

1 PLACE OF DEATH

7	322 STATE OF MARYLAND
100	CERTIFICATE OF DEATH
110	Registration Dist. No. 30
	[If doeth o

St .:---.Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, wingle on oppose (Write the word)	18 DATE OF DEATH MAC 3/ ,1915- (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Syarch 12 1930	, 191, to, 191,
(Month) (Day (Year)	that I last saw h allys on
TAGE If LESS than 1 day,hrs. ORmin.? OCCUPATION (a) Trade, profession, or Particular kind of work (b) Control particular kind of work	The CAUSE OF DEATH* was as follows: Thound dead no bed Chronic Eads Caidely
(State or country)	Contributory Cheumsteam Secondary (Duration) S yrs mos of s.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Duration) yrs. mos ds. (Signed) (Signed) (Now Sill Market) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally Suicidal, or Homicidal.
of MOTHER Orm bring 13 BIRTHPLACE OF MOTHER (State or country) Anaryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Interment) le. 8. Zwo	Former or usual residence
Filed 4/2, 1915 REKRY SWILL REGISTRAN	20 UNDERTAKER DE SHOW HILL
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day taborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: eausing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second (a) Spinner, (b) Cotton mitt; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pnehmonia; Bronchopneumonia ("Pneumonla," unqualified, is Indefinite): Tuberoucists of tungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. Ex vatvutar heart disease; Chronic interstitial nophritis nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from cte., when a defiuite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," thenla," "Auaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report eause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probabty suicide. The nature of the The contributory (secondary or intercurrent) Measles "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," For vio-

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MAY 5 1915
BUREAU, V.S.

1 PLACE OF DEATH

4323 STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Solesman, (b) Crosery; (u) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton mobile factory. engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Furmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopmeumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; and consequences (e. g., sepsis, telonus) may be stated state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths head-homicide; Struck by railway train-accident; Revolver wound of birth or miscarriage as "Puerperal septichuemia," "Puerperal peritonitis," etc. State cause for which nius," "Old Age," "Shock," "Uracmia," "Weakness," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anacmia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular huart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sareoma, etc., of..... rent) affection need not be stated unless important. nephritis, etc. (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-Poisoned by carbolic "Dropsy," "Exhaustion, acid-probably



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of should state CAUSE. V. S. No. 1.

	lage or City Promose (No. 1)	STATE OF MARY CERTIFICATE OF Rogistration Dist. St.; Ward)	DEATH
1 -	² FULL NAME.		
3.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
a .	Male White SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MC. (Month)	(Day) (Year)
8 6	DATE OF BIRTH	March 27 101 5 to Mich	2 Ptt =
	(Month) (Day) (Year)	that I last saw h 2 alive on Mel	284 1915
7 4	(Mopeli) (Day) (Year) If LESS than	and that death occurred on the date state	m D
D D D D D D D D D D D D D D D D D D D	yrs. 8 mos 2 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH was as follows:	
. 8	OCCUPATION (a) Trade, profession, or Petered (Ital)	haber tages	,
2	particular kind of work	3.0.	
SYIV	(b) General nature of industry business, or establishment in which employed (or employer)	(Ouration)	.yrsds.
=	BIRTHPLACE (State or country)	Contributory	
0 -	10 NAME OF FATHER	(buration	mosds.
S S	John Jarker.	(Signed) (Address) (Address)	and ote Clash
FNT	11 BIRTHPLACE OF FATHER (State or continue)	"State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and (2)	deaths from VIOLENT
PARE	1 12 MAIDEN NAME	SUICIDAL OF HOMICIDAL.	
Y .	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS. OR RECENT RESIDENTS) At place In the	TITUTIONS, I RANSIENTS,
<u>o</u>	OF MOTHER (State or country)		yrsds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLIDGE	if not al place of death?	
¥	(Informant)	usual residence	***************************************
15	(Address) Tromose City, My	Manecok Va	3 30
	Filed 3/29, 1915- Chan Idelina	20 UNDERTAKER AM AIR	DORESS OCHUME
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

write None. E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grosery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal minc, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracinia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maras-Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerefial septichaemia," etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstilial "Angemia" nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-State cause for which Never report mere ", Atrophy," acid—probably ("Con-



V. S. No. 1.

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. AGE should be s properly classified,

RECORD PERMANENT UNFADING INK-THIS IS DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH CAUSE OF Important, S 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 355

VIIIage or City Server (No. 2)	St.; Ward) St.; Ward) A hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Coloror race 5 single, MARRIED, WIDWED. WIDWED. WIDWED. WIDWED. WITH the word)	18 DATE OF DEATH MAN. 25, 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin, ?	that I last aaw halive on
a) Trade, profession, or particular kind of work. (b) Generat nature of industry, business, or establishment in which employed (or employar) 9 BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER WESLEY PURSUE 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SALE HOLD AS	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
16 3/1.7 11 f J	29 UNDESTANCE

REGISTRAR

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. ness of various pursults can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e.g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopueumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtelanus) may be stated under the head of Always qualify all diseases resulting from Meastes "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "PUERPERAL septichae-"Exhaustiou,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

carefully supplied.

N. B.—Every item of information should be CAUSE OF DEATH in plain terms. s

AGE should be stated EXACTLY.

PHYSICIANS should state

1 PLACE OF DEATH Village or City Hear Chalefullen

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Olayun , Go	ww
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended decessed from
April 10 1893	191 7, 10 1000, 1910,
(Month) (Day (Year)	that I lest saw h Melive on The Long 20, 1913
7 AGE If LESS than	and that death occurred on the date stated above, stm,
2/ yrs 10 mos 2 2 ds or min.?	The CAUSE OF DEATH * was as follows:
® OCCUPATION	Rullimary sufficient
(a) Trade, profession, or Farmer	
(b) General nature of Industry,	
business, or establishment la which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Maryland	Contributory accounts
10 NAME OF Hennel & Powell	(Signed) (Ouration) yrs (c) mos ds.
of FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country) Maryland 12 MAIDEN NAME OF MOTHER Farmy Mc Pady	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Waryland	At place In the of death yrs mos ds. Stale yrs mos ds
(Informant) Summer Powell	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Athalyville He D	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 3/5 1915-Web Kalloway	20 UNDERTAKEN ADDRESS ADDRESS
If more blanks are needed address State Regis	of the word sully and

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day taborer, Farm taborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second it should be used only when uceded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mitt; (a) Satesman, "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Contributory." iujury, as fracture of skull, and consequeuees (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Publicant peritonitis," etc. State cause for childbirth, or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (nucrely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. vatvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustlon," For vio-



PERMANENT BINDING 4 5 ERVED INX UNFADING ES WITH PLAINLY.

No.

LY. PHYSICIANS Exact statement of County EXACTLY. RECORD ² FULL NAME be properly classified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, 16 3 SEX 4 COLOR OR RACE stated WIDOWED OR DIVORCED of certificate, 17 should be 6 DATE OF BIRTH th (Month) (Day) It LESS than TAGE it may AGE 1 day. hrs. back Tf OR min.? mos. so that no OCCUPATION supplied (a) Trade, profession, or Suo particular kind of work (b) General nature of industry terms, instruct business, or establishment in which employed (or employer) carefully 9 BIRTHPLACE (State or country) lain 00 20 10 NAME OF pe FATHER 2 pino important. 11 BIRTHPLACE OF FATHER EA AREN (State or country) V 0 12 MAIDEN NAME of information 0 very ы 13 BIRTHPLACE S OF MOTHER 5 (State or country) should state CAL CA 14 THE ABOVE IS TRUE (Address 15 Filed 0 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

If death occurred in a hospital or institution give its NAME instead of street and number.]

DATE OF DEATH	mes	6.19	. 19105
***************************************	(Month)	(Day)	(Year)
I HEREBY CERTIFY	, That I atte	nded decea	sed from
, 191	, to	.6	, 191,
		noin no no	
at I last saw h alive	on		, 191 ,
d that death occurred on	the date sta	ted above, at	tm.
e CAUSE OF DEATH & W	as as follows	s:	
N.			
Dead	605	u .	
	~.		

00+0+++++++++++++++++++++++++++++++++++	(Ouration)	yrs me	08 ds.
Contributory	A		
Secondary			
	(Duration)	YIS 2	g ds.
gned) Allow, D	with	- A C	eg , M. O.
3/18 191 51 (Addre	Suoi	offile	1 mo
*State the DISEASE CAUSE	NG DEATH, Or, i	n deaths from	VIOLENT
CAUSES, state (1) MEANS OF SUICIDAL OF HOMICIDAL.	INJURY; and (2) whether Acci	DENTAL,
LENGTH OF RESIDENCE (Fo	R HOSPITALS, I	STITUTIONS. T	RANSIENTS
OR RECENT RESIDENTS)			
l place l dealhyrs mosc	In the	yrs,	mas de
here was disease contracted.	20. 01410,		
not al place of death?			
ormer or			
sual residence		0.000	
PLACE OF BURIAL OR REM	OVAL,	DATE OF BUT	MAL
He faren	7	7/17	, 191
UNDERTAKER A /		ADDRESS	111

[Approved by U. S. Census and American Public Health - Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," write None. E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (refired or given up on account of the disease causing death, Housemaid, engaged in domestic service for wages, as Servont, Cook. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer." mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the know (a) the kind of work and also (b) the nature of the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, very important, so that the relative healthfuletc. If the occupation has been changed Architect, Locomotive engineer, etc., without more If retired from The question (b) Ando-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound of to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Cousymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness," or miscarriage as Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Aecidental drowning; "PUERPERAL State cause for which Never report mere scplicharmia," ACCIDENTAL,



V. S. No. 1.

N. B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD -Every item of information should be CAUSE OF DEATH in plain terms, s

1 PLACE OF DEATH County Worcesler md



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 3 J 💸

Ward)

Tif death occurred in a hospital or Institutioe, give its NAME Instead of street and number.]

PE	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mule 3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March 3, 1915 (Year)
8 DATE OF		that I list saw h alive on Moreh 3, 1915.
7 AGE	H h yrs 3 mos 2 ds. OR min.?	and that desth occurred on the date stated above, at
(a) Trade, prof particular kind (b) General na business, or	fession, or	(Buration) 2 yrs mos ds.
10 NAM	HE OF Sodoak Purnell	Contributory Secondary (Boration) yrs mos ds. (Signed) Valetynkall , M. D. Nurch 3191 4 (Address) Parlin hu
(State of State of St	FATHER name Den Name	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRT OF M	THPLACE MOTHER Ate or country) maryland VE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the ot death yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence
16 Filed Leh	655) Berlin md	Serlin md Date of Burial Serlin md March (2, 191 b.) 20 UNDERTAKER ADDRESS

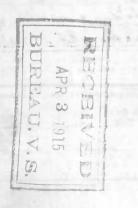
If more blanks are needed, address State Registrar, 6 E. Franklin st., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (c. g., by carbolic acid-probably suicide. The unture of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEEAL peritonitie," childbirth or miscarriage as "Puerperal schiichae mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For vio-



MARGIN

V. S. No. 1.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OGGUPATION is very PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS DEATH in plain terms, so that it mades of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s

Important.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[if death occurred in a hospital or institution,

	FULL NAME Sally Purne	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Marka 18 , 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D.	Month) (Day (Year)	that I last aaw h alive on 191, 191
TA	If LESS than 1 day,	and that death occurred on the date stated above, at
(a) pa (b) bus	OCCUPATION) Trade, profession, or work tricular kind of work O General nature of industry, cliness, or establishment in ich employed (or employer)	(Ouration) yrs mos ds.
98	10 NAME OF FATHER Robt, FLANKLIN	Contributory Secondary (Ouration) yrs mos ds. (Signed) Address) Regulary (Address) Meslew May
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUNES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0.	13 BIRTHPLACE OF MOTHER (State or country) Mil.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
	(Informant)————————————————————————————————————	Where was disease contracted, If not at place of death? Former or usual residence
FI	191 rollow	ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Satesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvutar heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbotic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS. OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," Never report For vio-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH of information should be

carefully supplied.

DEATH in piain terms, so that it ma

N. B.—Every Item CAUSE OF Important.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

1	PLACE	OF	DE	ATH
	W.			1.
	110	771	BI	les

County Worcesler

Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.355

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Lewale White Single, wisowed, Orgiverce (Write the word)	16 DATE OF DEATH MAN. 26, 1912. (Month) (Day (Year) 17 A I HEREBY CERTIFY. That I attended deceased from
6 D	(Month) (Day (Year)	that I last saw how slive on
TA	If LESS than	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a)	CCUPATION) Trade, profession, or ricular kind of work	Losis Julisses
bus Whi	General nature of Industry, iness, or establishment in ich employed (or employer)	Contributory Contr
a B	(State or country) Mary land	Secondary (Ouration) yrs o mos ds.
NTS	11 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER MOS. Builling 11 BIRTHPLACE OF FATHER (State or country)	(Signed) , M. D. 191 (Address) DEATH, OF, In deaths from VIOLENT
PARENT	12 MAIDEN NAME Ida Sulby	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERSE
	13 BIRTHPLACE OF MOTHER (State or country) Md,	At place In the of death yrs, mos ds.
	(Informant) Thu Ellott	Where was disease contracted, If not at place of death? Former or usual residence
16	(Address) /berlin mel	Jaylorville Church Priss 27, 1915
Fi	Morch / 1915 Wa palloway	29/UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary freman. etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Cauinjury, as fracture of skull, and consequeuees (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichue Never report For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OGCUPATION is very

CAUSE OF DEATH in plain terms, so that it mis important. See instructions on back of certificate.

N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, s

1	PLA	CE	OF	DE	AT	1
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Village or City Berlin md



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.; Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male What Single, ling MARRIED, WIDOWED, ONDIVORCED (Write the word)	16 DATE OF DEATH 10th (Month) (Day (Year)
6 DATE OF BIRTH March (Month) (Day	1902 that I last saw ham alive on more 10 to 1915'.
7 AGE 1	f LESS than day, hrs. The CAUSE OF DEATH* was as follows: Typhwisi full
(b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	3 www. (Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER UNKNOWN 11 BIRTHPLACE OF FATHER (State or country) MNR NOWN 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Gallok P Hurry , M. D. Inorth 10 E , 1915' (Address) Berlin Inarplanel *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
of Mother Undasia Rod 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED (Informant) Leharles Radney	At place of death yrs, mos. ds. State yrs, mos. ds.
(Address) Serlin md 16 Files Meh 12 1915 WX- Zaccon	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Servin Md March 12, 1915. 20 UNDERTAKER 20 UNDERTAKER ADDRESS

If more blanks are needed, address Sate Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits eau be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcreucisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



V. S. No. 1.

UNFADING

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No.3 Ilt death occurred in St .:Ward) a hospital or institution. give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 3 SEY MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 7 AGE It LESS than and that death occurred on the date stated above, at X 1 dayhrs. The CAUSE OF DEATH* was as lollows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which amployed (or employar) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ____ yrs. ___ mos. ___ ds. State yrs. ____ mos. ___ ds Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADORESS REGISTRAR If more blanks are needed, address State Registrar, c E. Franklin St., Balto., Requesting V. S. No. 1.

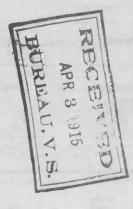


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tyberculesis of lungs, meninges, peritonacum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases, resulting from Measles (disease causing death), 29 ds.; "Seuile," ctc.), (Recommendations on statement of "Dropsy," State cause for "Exhaustion," Never report



A PERMANENT RECORD N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH County Horeister 4332 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;....Ward)

[It death occurred to a hospital or institution, give its NAME instead ot street and number.]

Well.

(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, to 1915, to 1915, that I last saw h all alive on Mark S. 1915, and that death occurred on the date stated above, at m.
that I last asw h all silve on MISS, 1915,
and that death occurred on the date stated above, at
The CAUSE OF DEATH* was as follows:
(Duration) yrs. mos. ds.
Contributory Secondary (Duration) yrs mos ds (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place at death?
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St Martin Church Certific S, 1915 20 UNDERTAKER ADDRESS



[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day taborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-(a) Spinner, (b) Cotton mitt; (a) Satesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilongeum, etc., Carein-

mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUEFFERAL poritonitis," childbirth or miscarriage as "Tuerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Scuile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less defiuite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," etc. State cause for "Exhaustion," For vio-



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state

PLACE OF DEATH

STATE OF MARYLAND

ADDRESS

CERTIFICATE OF DEATH Registration Dist. No. fif death occurred to a hospital or institution. give its NAME instead of street and oumber. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 aINGLE, 3 SEX 4 COLOR OR RACE 1913 MARRIED. WIDOWED. (Day) (Year) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH nure (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at, f dayhrs. OR mio. ? BOCCUPATION (a) Frade, prefession, or particular kind of work. (b) General nature of industry. business, or establishment to (Duration) which employed (or employer) ---Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) __ yrs. mos. State ... Where was disease contracted. if oot at place of death?. usuai residence. DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiit should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, "Manager," "Dealer," etc., without more precise specistatement. Never material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the return "Laborer," Laborer As examples: "Foreman," (0)

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing affection with respect to time and causation), using affection with respect to time and causation), using affection with respect to time and causation), using affection with respect to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," by carbolic acid—probably s 'cide. The nature of the injury, as fracture of skull and consequences (e. g., LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Street by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 "Exhaustion," Never report Examples: For VIO-



(Address)

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PHYSICIANS RECORD PERMANENT EXACTLY. 4 IS UNFADING INKsupplied. PLAINLY, WITH pinous WRITE

state Very . should OCCUPATION Exact statement properly classified. pe certificate. 0 on back in plain See instructions DEATH CAUSE OF important. S

PLACE OF DEATH Gounty..... Village or City PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) 7 AGE ahree It LESS than 1 day,....hrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. N

t.:...Ward)

If death occurred in a hospital or Institution, give its NAME instead of street and numbar.]

16 DATE OF DEATH	Durele	- 8	
	(Month)	(Day	(Year)
11/1	Y CERTIFY, That		
11aul 13,1	1915 to		, 191.4
that I last saw hattan a	live on Mare	le 5	, 191്
and that death occurred	on the date states	d above, at	m,
The CAUSE OF DEATH	was as follows:		,
Mylian	Live	***************************************	

	(Duration)	yrs	mos. J. ds.
Contributory Luc	beal Year	march	es-Alphania
Secondary			1-
7	(Guration)	yrs	
(Signed)	Muyu		, M. D.
78-,1915	(Address)	merke.	aug
*State the DISEASE	CAUSING DEATH, O	r, in deaths f	rom Violent
CAUSES, state (1) ME. TAL, SUICIDAL, OF HOM	ANS OF INJURY; a	nd (2) whet	her Acciden-
18 LENGTH OF RESIDENTS	CE FOR HOSPITALS	, INSTITUTIONS	TRANSIENTS.
Af place	In the		
ot death yrs mos Where was disease contracted.		yrs	. mos., ds
If not at place of death?		00000000000000000000000000000000000000	
Former or usual residence			
19 PLACE OF BURIAL O		DATE OF	DIEGLAI

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

catcd thus: applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments. It is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origiu; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichue ample: Meastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia." "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as is less defiulte; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations ou statement of "Exhaustiou," Never report



RECORD it may be properly classified. PERMANENT BINDING should be AGE S THIS INK UNFADING pe 2 tion should by MARGIN WRITE S. No. 1.

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FOI

RESERVED

1 PLACE OF DEATH

stated EXACTLY. PHYSICIANS rly classified. Exact statement of County St.: Ward) PERSONAL AND STATISTICAL PARTICULARS SINGLE 3 SEX 5 4 COLOR OR RACE MARRIED, WILLIAM OR DIVORCED (Write the word) instructions on back of certificate (Month) (Day) 7.AGE If LESS Man 1 day, hrs. OR min. ? a OCCUPATION
(a) Trade, profession, or e carefully supplied. plain terms, so that See instructions on particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Every item of information should should state CAUSE OF DEATH in OCCUPATION is very important. 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER BIRTHPLACE State or country 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) (Address 15 Filed 0 REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

4330 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

It death occurred in a hospital or institution. give its NAME instead

MEDICAL	CERTIFICATE OF DEATH
16 DATE OF DEATH	March 19 37 , 1913 (Month) (Day) (Year)
7. 6 7 64.	TIFY, That I attended deceased from
that I last saw h	alive on March 18", 191 J
and that death occurre	d on the date stated above, at 4 7 n
The CAUSE OF DEATH	* was as follows:
	B. 10
f.	
Mefha	where
/ /	(Buzation) yrs. mos./ 4
A	2 ,
Contributory /	mulus
Secondary Secondary	- Carlles
Secondary	anni a
Secondary	amua
Secondary Signed	amua
Signed	Milley M.
Signed	(Address) (Addre
Signed	(Address) CAUSING DEATH, or, in deaths from Violent s of Injury; and (2) whether Accidental,
Signed	(Address)
Signed	(Address)
Secondary Signed *State the Disease (Causes, state (I) Means Suicidal of Homicidal. *Bength of Residents At place of death	(Address)
Secondary Signed State the DISEASE (CAUSES, State (1) MEANS SUICIDAL OF HOMICIDAL. B LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death	(Address)
*State the DISEASE (CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL. *Steen Home Homicidal. *State the DISEASE (CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL. *State the DISEASE (CAUSES) *State the DISEASE (1) MEANS SUICIDAL OF HOMICIDAL. *State the DISEASE (1) MEANS SUICIDAL OF HOMICIDAL. *State the DISEASE (1) MEANS SUICIDAL OF HOMICIDAL. *State the DISEASE (1) MEANS SUICIDAL OF HOMICIDAL OF HOMICI	(Address)
Secondary Signed State the DISEASE (CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL. B LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs. mos. Where wes disease contracted, if not at place of death? Former or usual residence	(Address)
Secondary Signed State the DISEASE (CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL. B LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs. mos. Where wes disease contracted, if not at place of death? Former or usual residence	(Address M. Address M.
Secondary (Signed) *State the DISEASE (CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL. (BE LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death	(Address)

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully mill; (a) Salesman, (b) Grocery; (a) Foreman, mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plunter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part But in many cases, If retired from (b) Auto-(inil

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puenperal peritanitis," etc. birth or miscarriage as "Puerperal septicharmia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. cough; Chronic volvular heart disease; Chronic interstitial "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplarms); Measles; Whooping "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound of State cause for which Never report mere (Recommendations "Exhaustion,"



Village or City Surv Hill (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its MAME instead
2 FULL NAME John Jonny	of street and number.]
	MEDICAL CERTIFICATE OF DEATH
nale Regro Single, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Jan 29, 1889	Mele 21, 1917, to Mele 27, 1915 that I last saw h ciwalive on Mele 26, 1915
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 1.9. m The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	Duration) 33 hours (Duration) 778 17705 08
10 NAME OF FATHER Frank Young	(Signed) (Signed) (State the DISPASE CATSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
12 MAIDEN NAME DF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABDVE IS TRUE TO THE BEST OF MY KNOWLEDGE	CAURES, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR Hospitals, Institutions, Transients of Recent Residents) At place in the of deeth yrsmosds. Stale,yrsmosds. Where was disease contracted, if not at place of deeth?
(Informant) Win J. Corlein (Address) Dien Hill Mid	Former or usual residence 19 PLACE OF BURIAL DR REMOVAL DATE OF BURIAL The state of the state
Flied 3/27, 1915 RECO. Swith REGISTRAR	20 UNDERTAKER, ADDRESS SWEETERS SWEETERS
	Village or City Surve Study PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE MARRIED, WIDDWED OR DIVORCED MARVIE MONTH (Write the word) FAGE OCCUPATION (A) Irade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Accorder (State or country) Track To NAME OF FATHER (State or country) Track (Informant) Track (Address) True to the BEST OF MY KNOWLEDGE (Informant) Track (Address) True To The BEST OF MY KNOWLEDGE (Informant) Track (Address) True To The BEST OF MY KNOWLEDGE (Informant) Track (Address) True To The BEST OF MY KNOWLEDGE (Informant) Track (Address) True To The BEST OF MY KNOWLEDGE (Informant) Track (Address) True To The BEST OF MY KNOWLEDGE (Informant) Track (Address) True To The BEST OF MY KNOWLEDGE (Informant) Track (Address) True To The BEST OF MY KNOWLEDGE (Informant) Track (Address) True To The BEST OF MY KNOWLEDGE (Informant) Track (Address) True To The BEST OF MY KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

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